# CANDIDATE / OFFICEHOLDER

### FORM C/OH

The C/OH INSTRUC his form.	TION GUIDE explains how to complete 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
OFFICEHOLDE	TITLE FIRST MI MAYOR EDWARD	OFFICE USE ONLY
NAME	NICKNAME LAST SUFFIX	Date Received
	GARZA	
CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	2:5
OFFICEHOLDE ADDRESS  Change of Addi	P. 0. Box 120003, San Antonio, TX 78212	Date Hand-delivered or Date Postmarked
CAMPAIGN	TITLE FIRST MI	
TREASURER NAME	Mrs. Edith	Receipt # Amount
	NICKNAME LAST SUFFIX	Date Processed
	McAllister	Date Imaged
CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE
TREASURER ADDRESS (Residence or busine	203 Terrell Road, San Antonio, TX 78209	
CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	
TREASURER PHONE	(210 ) 826–1005	
REPORTTYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)
PERIOD COVERED	Month Day Year Month Day April 25 / 2003 THROUGH June 30	Year / 2003
ELECTION	Month Day Year 5 3 2003 Primary Runoff C	General X Special City Election
OFFICE	OFFICE HELD (if any) 12 OFFICE SOUGHT (if known)	0109 1120001011
	Mayor Mayor	
NOTICE OF DIRECT CAMPAIGN EXPENDITURE	<ul> <li>Direct campaign expenditures are campaign expenditures made by others without the candid</li> <li>Candidates are required to disclose this information only if they receive notification of the direct</li> </ul>	date's prior consent or approval. campaign expenditure. ••
BY OTHER INDIVIDUALS	Name	
	Address / PO Box; Apt. / Suite #; City; State; Zip Code	
additional pages		
	GO TO PAGE 2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH

SUPPORT	& TOTAL	S	COVER SHEET PG 2
14 C/OH NAME	Nayor Ed	Garza	15 ACCOUNT #(Ethics Commission filers)
16 NOTICE   FROM   POLITICAL	This box is for no may have been mad	tice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidate if they receive notice of such expenditures.	date / officeholder. These expenditures tes and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	PITY COUNTY
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	PM 2:
		COMMITTEE CAMPAIGN TREASURER ADDRESS	<u> </u>
17 NO REPORTABLE ACTIVITY	Check here if	o reportable activity occurred during this reporting period. (Sign affidavit belo	ow and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ Itemized
· · · · · · · · · · · ·		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,150.00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	"Itemized
	4. TOTAL	POLITICAL EXPENDITURES	\$ 44,416.25
OUTSTANDING LOAN TOTALS	5. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ -0-
19 AFFIDAVITURE OTAR  AFFIDAVITU	F TEXAS OSTITUTE TO THE PROPERTY OF THE PARTY OF THE PART	I swear, or affirm, under penalty of per is true and correct and includes all info me under Title 15, Election Code.  Signature of Candida	rjury, that the accompanying report primation required to be reported by the or Officeholder
AFFIX NOTARY STAMP /			200
- 1	3	e said <u>Edward D. Garza</u> , y which, witness my hand and seal of office.	this the
Signature of office admin	nistering oath	Printed name of officer administering oath  Title of	of officer administering oath

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL CORIES OF THIS FORM AS MEEDED

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	ommission P.O. Box 12070 Aust ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	tin, Texas 78711-207		SCHEDULE A1  RMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruct	ION GUIDE explains how to complete this form.		1 Total pages this	Schedule A1:
2 FILER NAM	ME EDWARD GARZA		3 ACCOUNT# (E	thics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/2/03	Been Alliance of Texas PAC 6 Contributor address; City; State; Zip Code		250.00	
	1300 Guadalupe St #204A Austin, TX 78701			
9 Principal occ	upation (Optional)	10 Employer (Option	nai)	ं त
Date 4/9/03	Full name of contributor out-of-state PAC (ID#: Arthur Gochman Contributor address; City; State; Zip Code 1800 N Mason Road Katy, TX 77449		Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Options	al)	
<b>Date</b> 4/14/03	Full name of contributor Out-of-state PAC (ID#:_  James G. Lifshutz Contributor address: City: State; Zip Code  215 W Travis, San Antonio, TX		Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occu	I pation (Optional)	Employer (Optiona	1)	
Date 4/15/03	Full name of contributor out-of-state PAC (ID#_ Leopoldo V. Techuanhuey, M.D. Contributor address; City; State; Zip Code Rosa Verde Tower #801 San Antonio, TX 78205		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	eation (Optional)	Employer (Optional	)	
Date 4/4/03 -	Full name of contributor out-of-state PAC (ID#	n, TX 77002	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupa	ation (Optional)	Employer (Optional)		-
		·		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	Commission P.O. Box 12070 Au FICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	stin, Texas 78711-20		33-5800 1-800-325-85 SCHEDULE <b>A1</b> RMS C/OH, C/OH-SS, SC-C/OH,
	TION GUIDE explains how to complete this form.		1 Total pages this	Schedule A1:
2 FILER NA	ME EDWARD GARZA		3 ACCOUNT # (E	
4 Date 4/24/03	5 Full name of contributor Out-of-state PAC (IC Brenda Vickrey Johnson 6 Contributor address; City; State; Zip Con 13055 N Hunters Cir, San Anton		7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occ	cupation (Optional)	10 Employer (Option	l nel)	77 (27)
<b>Date</b> 4/17/03	Full name of contributor Carter & Burgess Political Contributor address; City: State; Zip Cod 911 Central Parkway N #425 San Antonio, TX 78283	mmittee	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occ	upation (Optional)	Employer (Options	al)	
<b>Date</b> 4/16/03	Full name of contributor	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optiona	1)	
Date 4/19/03	Full name of contributor Out-of-state PAC (ID#)  Alfonso Chiscano, M.D.  Contributor address; City; State; Zip Code  15243 Pebble Cove, San Antonio		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occuj	pation (Optional)	Employer (Optional)	)	
Date 4/23/03	Full name of contributor Out-of-state PAC (ID#: San Antonio Realtors PAC, Non- contributor address; City; State; Zip Code 9110 IH 10W, San Antonio, TX		Amount of contribution (\$)	n-kind contribution description (if applicable)
Principal occup	ation (Optional)	Employer (Optional)		
,				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,

			•		SC-SPAC, SPAC, & SPAC-SS)
=	The Instruction	N Guide explains how to complete this form.		1 Total pages this	Schedule A1:
!	FILER NAME	EDWARD GARZA	<del></del>	3 ACCOUNT # (Eti	nics Commission flers)
ļ	Date	5 Full name of contributorout-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	4/22/03	Jennifer B. Spencer.  6 Contributor address; City; State; Zip Code		1,000.00	
		26610 Harmony Hills, San Anto	nio, TX 78258	3	
	Principal occup	pation (Optional)	10 Employer (Option	nai)	
_	Date	Full name of contributor	)	Amount of contribution (\$)	in-kind contrigution (**) description (if applicable)
	4/24/03	Wm. Kennon Vickrey Contributor address; City; State; Zip Code 12940 Country Parkway San Antonio, TX 78216	·	500.00	in Constitution (in Englished September 1997)
	Principal occup	pation (Optional)	Employer (Option	nal)	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	in-kind contribution
	4/22/03	Malcolm T Hartman Zip Code		500.00	description (if applicable)
		1250 N. E. Loop 410 #210-A San Antonio, TX 78209		1	
	Principal occup	ation (Optional)	Employer (Option	a!)	
_	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	4/25/03	I. B. E. W C. O. P. E. Contributor address; City; State; Zip Code 1125 15th Street, NW Washington, DC 20005		1,000.00	description (if applicable)
_	Principal occupa	ation (Optional)	Employer (Options	al)	<del></del>
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	4/24/03	Printice L. Gary. Contributor address; City; State; Zip Code		1,000.00	description (if applicable)
	1	4 C2 OL Day -1-11 - D .			
		16304 Ranchita Drive Dallas, TX 75248		1	

## **POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

The Instructi	ON GUIDE explains how to complete this form.		1 Total pages this	Schedule A1:
FILER NAM	EDWARD GARZA		3 ACCOUNT# (Et	hics Commission filers)
1 Date	5 Full name of contributor out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/26/03	R. David Kelly 6 Contributor address; City; State; Zip Code 5485 Beltline #290 Dallas, TX 75240		1,000.00	US 15 T
Principal occi	upation (Optional)	10 Employer (Option	nal)	N: S
Date 4/30/03	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Option	l nal)	
Date 4/23/03	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Option	al)	
Date 4/25/03	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Options	ai)	
Date 7/07/03	Full name of contributor out-of-state PAC (ID#_W.II.an Worth Contributor address; City; State; ZIp Code 6929 Camp Builis Roand San antonio TX 78256		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Options	ni)	
if contri	ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instruc			g requirements.

Texas Ethics Co	mmission P.O. Box 12070 Austin, Texas	78711-2070	(512) 46	53-5800	1-800-3	25-850
POLITI	CAL EXPENDITURES			SCH	IEDULE	F
The Instruction	อง Guide explains how to complete this form.		1 Total pages			-
2 FILER NAM	E EDWARD GARZA		3 ACCOUNT		nission filers)	6
4 Date 4/29/03	5 Payee name BFI Waste Services 6 Payee address; City; State; Zip Code P O Box 207910, San Antonio,			\$450.	Amount (\$) = 92	TY OF SAN AND
8 Purpose of pay required.)	yment (See instructions regarding type of information  Dumpster/Waste Services	9 Complete if dir Candidate / Officeholder n		to benefit C/O	н	e held
Date 4/29/03	Payee name  Anne. Whittington			\$190.	Amount (\$) 94	
required.)	rment (See instructions regarding type of information sements Office Supplies	•• Complete if dir Candidate / Officeholder na		o benefit C/OI	H •• Office	heid
Date	Payee name			A	mount	
4/29/03	La Prensa Newspaper			\$300.	<b>(\$)</b> . 00	
Purpose of pay required.) Adverti	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		benefit C/OF	d •• Office	held
Date	Payee name	1		A	mount (\$)	
4/29/03	Payee address; City: State: Zip Code 3135 TAMU, College Station,			175.0		
Purpose of payi required.)	ment (See instructions regarding type of information	→ Complete if dire Candidate / Officeholder na		benefit C/OF	Office	held
	rtation Planning Conference stration Fee		_		3,,,00	

	Payee address; City; State; Zip Co	ode .	
	1023 Avenue B #1, San Anto	onio, TX 78215	
required.)	ment (See instructions regarding type of information regement -Office Supplies	Complete if direct expenditure Candidate / Officeholder name	e to benefit C/OH Office sought Office held
Date	Payee name		Amount
4/30/03	Esmerelda Rodriguez		. (\$)

4/30/03	Esmerelda Rodriguez	(\$)
	Payee address; City: State: Zip Code 15651 Chase Hill Blvd #508, San Antonio, TX 78256	45.00
Purpose of pour	mont (See instructions remarkled to the office of the	

Purpose of payment (See instructions regarding type of information required.)

- Complete if direct expenditure to benefit C/OH - Candidate / Officeholder name Office sought

Salary

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Office held

POLIT	ICAL EXPENDITURES		SCHEDULE F
The Instruct	пом Guine explains how to complete this form.	1	Total pages Schedule F:
2 FILER NAM	ME EDWARD GARZA	3	ACCOUNT # (Ethics Commission filers).
4 Date	5 Payee name		4
4/30/03	Anne Whittington	•	7 Amount (\$) (7) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
8 Purpose of pa	ayment (See instructions regarding type of information	9 Complete if disease	
required.) Salary		Candidate / Officeholder nam	t expenditure to benefit C/OH ••  Office sought Office held
Date	Payee name		Amount
4/30/03			3.00
	P O Box 839975, San Antonio,	TX 78283	
Purpose of pa required.)	yment (See instructions regarding type of information	· Complete if direct	expenditure to benefit C/OH ••
•	Reimbursement	Candidate / Officeholder name	Office sought Office held
Date	Payee name		Amount
4/30/03	Eva Neubert City: State; Zip Code  1023 Avenue B #1, San Antonio	o, TX 78215	131.84
Purpose of pay	ment (See instructions regarding type of information	se Complete if direct	
required.)	ment Office Supplies	Candidate / Officeholder name	expenditure to benefit C/OH •• Office sought Office held
Date	Payee name		Amount
4/30/03	. Eva Neubert		(\$) 1,000.00
	1023 Avenue B #1, San Antonio	, TX 78215	
Purpose of paying required.)	ment (See instructions regarding type of information	→ Complete if direct e	xpenditure to benefit C/OH ••
Salary		Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEED	PED

POLITI	ICAL EXPENDITURES		SCHEDU	ILE <b>F</b>
The Instructi	ON GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAM	IE EDWARD GARZA		23 3 ACCOUNT # (Ethics Commission file	ers)
4 Date	5 Payee name		·	3
5/1/03	. U.S. Postal Service		7 Amount (\$) (\$) (\$)	
8 Purpose of par required.) Postage	yment (See instructions regarding type of information	9 Complete if direction of Candidate / Officeholder na	ect expenditure to benefit C/OH •• Came Office sought	Office held
Date	Payee name		Amount	
5/1/03	Blanco Beverage Payee address; City; State; Zip Code		448.35	
	13281 Blanco, San Antonio, TX	78216		
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	ct expenditure to benefit C/OH •• me Office sought	Office held
Beverages				
Date	Payee name		Amount	
5/1/03	It's All Avout Flowers Payee address; City: State; Zip Code		29.11	
	11705 Perrin Beitel #104, San	Antonio, TX 7821	.7	
Purpose of paying required.) Flowers	ment (See instructions regarding type of information	•• Complete if direc Candidate / Officeholder nar	ct expenditure to benefit C/OH ne Office sought (	Office held
<b>Date</b> 5/2/03	Payee name  Esmerelda Rodrigues  Payee address; City; State; Zip Code  15651 Chase Hill Blvd #508, Sa	n Antonio, TX 78	Amount (\$) 13.11	
required.)	ment (See instructions regarding type of information	•• Complete if direc Candidate / Officeholder nan	t expenditure to benefit C/OH ••  Office sought C	Office held
TOTHIDOT, SELIK	ent for Office Supplies  ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED	

POLIT	ICAL EXPENDITURES			SCHEDULE F
The Instruc	тюн Guide explains how to complete this form.		1 Total pages Sched	dule F:
2 FILER NAI	ME		23	
	EDWARD GARZA		3 ACCOUNT # (Ethi	cs Commission filers)
4 Date	5 Payee name		7	Amount
5/2/03	G & M Company, LLC			3,200.00
	6 Payee address; City; State; Zip Cod	• • • • • • • • • • • • • • • • • • •	• • • • • • •	
	729 E Woodlawn Avenue, San An	tonio, TX 78212		5 PH FR
				2:
8 Purpose of parequired.)	ayment (See instructions regarding type of information	9 - Complete if dire	ect expenditure to bene	efft C/OH . I
Consulti	ng	Candidate / Officeholder na	ame Office so	rught Office held
Date	Payee name			
	A			Amount (\$)
5/2/03	Anne Whittington .  Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		350.00
	8715 Starcrest Drive, San Anto	onio, TX 78217		
requirea.)	yment (See instructions regarding type of information ment of Expenses	Complete if dire Candidate / Officeholder nar	ct expenditure to bene ne Office sou	
Date	Payee name			Amount
5/2/03	. Anne Whittington			(\$) 75.00
	8715 Starcrest Drive, San Anto	nio, TX 78217		
required.)	ment (See instructions regarding type of information  ment of Expenses	<ul> <li>Complete if direction</li> <li>Candidate / Officeholder name</li> </ul>	t expenditure to benefi ne Office soug	
Date	Payee name			Amount
5/3/03	Office Max			(\$) 77.64
	Payee address; City; State; Zip Code 1604 Bandara, San Antonio, TX	78828		77.01
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct Candidate / Officeholder name	expenditure to benefit e Office soug	
Office Su	pplies			
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NEE	DED	

POLIT	ICAL EXPENDITURES	CITY	CLERK	F
		2000	•	SCHEDULE F
		2003 JUL 15	Pii 2: 51	
The Instructi	ION GUIDE explains how to complete this form.		1 Total pages Sci	nedule F:
2 FILER NAM	16		23	
	EDWARD GARZA		3 ACCOUNT#(E	thics Commission filers)
4 Date	5 Payee name		7	Amount
5/3/03	Absolutoly Catorina			(\$)
	Absolutely Catering 6 Payee address; City; State; Zip Code	8		2,399.30
	P O Box 10391, San Antonio,	TX 78210		
8 Purpose of parequired.)	yment (See instructions regarding type of information	9 - Complete if dir	ect expenditure to be	nefit C/OH ··
Caterin	g Food	Candidate / Officeholder n	ame Office	sought Office held
Date	Payee name			Amount
5/3/03	Ruben Alfaro	4		(\$)
	Payee address; City; State; Zip Code			150.00
	203 Upton, San Antonio, TX	78212		
required.)	ment (See instructions regarding type of information	<ul> <li>Complete if direction</li> <li>Candidate / Officeholder na</li> </ul>	ct expenditure to ber	
Photogra	aphy		····o	Onice held
Date	Payee name			Amount
5/6/03	Biga On The Banks	· · · · · · · · · · · · · · · · · · ·		(\$)
	Payee address; City; State; Zip Code	_		435.28
	203 S St Mary's, San Antonio,	TX 78205		*
Purpose of pavi	ment (See instructions regarding type of information			
required.)	(Cooking type of Milotriation	<ul> <li>Complete if direction</li> <li>Candidate / Officeholder nar</li> </ul>	ct expenditure to ben ne Office s	
Dining				
Date	Payee name			Amount (\$)
5/6/03	Plaza Club Payee address; City; State; Zip Code			393.63
	2100 Frost Bank Tower, San Ant	conio, TX 78205		
	, Jan 1910	, onto, 1A 70205		
Purpose of payr	nent (See instructions regarding type of information	Complete if disca	t expenditure to bene	AH C/OH
required.)		Candidate / Officeholder nan		
Membershi	לידו דרו אלי הידו דרו אלי			
<del> </del>				
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED	

### **POLITICAL EXPENDITURES**

SAN ANTOWAEDULE F

			dean		
	The Instruction	א Guide explains how to complete this form.		1 Total pages Sche	dule F:
2	FILER NAME	EDWARD GARZA		3 ACCOUNT # (Eth	ics Commission filers)
4	Date	5 Payee name		7	Amount (\$)
	5/6/03	Suchy '.s. Flowers			319.29
		955 Cincinnati Avenue, San A	ntonio, TX 78201		
8	Purpose of pay required.)	ment (See instructions regarding type of information	9 Complete if die Candidate / Officeholder n	rect expenditure to ber name Office s	
	Flowers				
	<b>Date</b> 5/6/03	Payee name  SBC  Payee address; City; State; Zip Code  P 0 Box 4844, Houston, TX 7	7097		Amount (\$) 142.90
	required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n	ect expenditure to ben ame Office s	
	Date	Payee name			Amount (\$)
	5/6/03	· · · Security · One · · · · · · · · · · · · · · · · · · ·			26.97
		P O Box 23280, San Antonio, S	TX 78223		
	Purpose of payr required.)	ment (See instructions regarding type of information	•• Complete if direction of the complete of th	ect expenditure to ben ame Office so	
	Bldg. Se	ecurity			
	Date	Payee name			Amount (\$)
	5/6/03	Alamo Travel .Group			480.00
		9000 Wurzbach Road, San Antoi	nio, TX 78240	1	
	Purpose of payr required.)	ment (See instructions regarding type of information	•• Complete if dire	ect expenditure to ben ame Office so	
	Travel				
		ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NI	EEDED	

Te	exas Ethics C	ommission P.O. Box 12070 Austin, Texas	s 78711-2070 RECEIV CITY OF SAN CITY CI	VE@12) 463-58 ANTONIO	300 1-800-325-85
			2003 JUL 15	2:51	SCHEDULE F
	The Instruct	ION GUIDE explains how to complete this form.	1	Total pages Sched	dule F:
L	FILER NAM	ME EDWARD GARZA	3	ACCOUNT # (Ethic	S Commission filers)
4	Date 5/6/03	5 Payee name  Cingular Wireless			Amount (\$) 102.73
8	Purpose of parequired.)	yment (See instructions regarding type of information	9 ··· Complete if direct Candidate / Officeholder name	expenditure to bene Office sou	
	Date 5/6/03	Payee name	TX 78283		Amount (\$) 25.00
	Purpose of pay required.)  Alarm F	ment (See instructions regarding type of information	<ul> <li>Complete if direct e Candidate / Officeholder name</li> </ul>	xpenditure to benefi Office soug	
	<b>Date</b> 5/6/03	Payee name  Abby Rental Payee address; City: State; Zip Code 8715 Starcrest #3, San Antoni			Amount (\$) 675.38

5/6/03 Abby Rental  Payee address: City: State: Zip Code  8715 Starcrest #3, San Antor		675 <b>.</b> 38
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to Candidate / Officeholder name Off	benefit C/OH •• fice sought Office held

<b>Date</b> 5/6/03	Payee name  Mungia Printers  Payee address; City; State; Zip Code  2201 Buena Vista Street, San Antonio, TX 78207	Amount (\$) 242.72
O		

Purpose of payment (See instructions regarding type of information required.)	<ul> <li>Complete if direct expend</li> <li>Candidate / Officeholder name</li> </ul>	liture to benefit C/OH	Office held
Printing and Reproduction		-	

### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Furniture Rental

POLIT	ICAL EXPENDITURES	CITY CL	LERR	3-3800 1-800-325-8
		0000 1111 4 00		SCHEDULE F
		2003 JUL 15	PM 2: 51	
The Instructi	ION GUIDE explains how to complete this form.		1 Total pages S	Schedule F:
2 FILER NAM			2:	<del></del>
	EDWARD GARZA		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Payee name		1 :	7 Amount
5/6/03	PolitiCo			(\$)
<b></b>	6 Payee address; City; State; Zip Code	e	• • • • • • •	2,000.00
	835 W. Woodlawn, San Antonio	, TX 78212		
required.)	ryment (See instructions regarding type of information	9 - Complete if dir	rect expenditure to	benefit C/OH ••
Consult	ing	Candidate / Officeholder na		ice sought Office held
Date	Payee name			Amount
5/6/03	Eva Neubert	·		(\$)
	Payee address; City; State; Zip Code			66.89
	1023 Avenue B #1, San Antonio	o, TX 78215		
Purpose of pay required.)	/ment (See instructions regarding type of information	Complete if dire	ect expenditure to b	penefit C/OH
•	sement Office Supplies	Candidate / Officeholder na		e sought Office held
1/01/11/2/04	sellett office aubbites			
Date	Payee name			
5/8/03	Doli+:0			Amount (\$)
5/ 6/ 05	Politico			3,000.00
	835 W Woodlawn, San Antonio,	TX 78212		
	· · · · · · · · · · · · · · · · · · ·			
Purpose of payr	ment (See instructions regarding type of information	· Complete if direct	ct expenditure to be	enofit C/OH
required.) Consulti	:	Candidate / Officeholder nan		s sought Office held
COMPUTE	.ng	İ		
Date	Payee name			
5/8/03	·			Amount (\$)
37 07 00	Esmenelda Rodniguez			108.00
	15651 Chase Hill Blvd #508, S	an Antonio, TX 7	8256	
		•		
Purpose of paym	nent (See instructions regarding type of information	Complete if direc	· · · · · · · · · · · · · · · · · · ·	
required.)	3,7,	<ul> <li>Complete if direct Candidate / Officeholder name</li> </ul>		sought Office held
Salary	•			
	<u> </u>		····	
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	EDED	

	POLIT	ICAL EXPENDITURES	CI	IY CLERK	SCHEDULE F
			-2003 JU!	15 PM 2:5	
	The Instructi	ON GUIDE explains how to complete this form.		1 Total pages So	
	FILER NAM			23	
	- ILLIN NAME	EDWARD GARZA		3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Payee name		7	Amount
	5/8/03	Texas Recharge & Toner Inc. 6 Payee address: City: State: Zip Code 4234 Center Gare, San Antonic	• TX 78217		(\$) 105.66
8 F	Purpose of pay required.)	ment (See instructions regarding type of information	9 Complete if dir	ect expenditure to b	penefit C/OH ••
(	Office S	upplies	Candidate / Officeholder na		e sought Office held
	Date	Payee name			Amount
į	5/10/03	Doubletree Hotel			(\$)
		Payee address; City; State; Zip Code			
		Houston, Texas			239.98
re	urpose of payi	ment (See instructions regarding type of information	· Complete if dire	ct expenditure to be	enefit C/OH ··
I	'ravel		Candidate / Officeholder na	me Office	sought Office held
	Date	Payee name			Amount
5	5/12/03	Ruben Alfaro City; State; Zip Code		• • • • •	(\$) 40.00
		203 Upton, San Antonio, TX 78	3212		
Pt red	urpose of payn quired.)	nent (See instructions regarding type of information	· Complete if direct		
P.	hotograp	hy	Candidate / Officeholder nan	ne Office s	sought Office held
	Date	Рауее пате		,	Amount
5,	/13/03	Alamo Travel Group Payee address; City; State; Zip Code			(\$) 359.00
		9000 Wurzbach Road, San Antoni	o, TX 78240		
Pui	rpose of paym	ent (See instructions regarding type of information	· Complete if direct		efit ¢/OH ••
	ravel		Candidate / Officeholder nam		
		ATTACH ADDITIONAL CODIC	OF THE FORM AS		
		ATTACH ADDITIONAL COPIES	OF IMIS FURM AS NEE	:DFD	

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070	(512) <b>468,58</b>	ECE 1450325-85
POLITICAL EXPENDITURES	C	SAN ANTONIO
	2003 <b>J</b> UI	15 PM 2:51
The Instruction Guide explains how to complete this form.	1 Total pages Sched	ule F:
2 FILER NAME EDWARD GARZA	23 3 ACCOUNT # (Ethica	Commission filers)
4 Date 5 Payee name	7	Amount
5/14/03 Intercontinental Hotel  6 Payee address: City: State: Zip Code  2222 W Loop S, Houston, TX 77027		171.87
8 Purpose of payment (See instructions regarding type of information required.)  9 •• Complete if directly candidate / Officeholder national c	ect expenditure to benef ime Office sou	
Date Payee name		Amount
5/13/03 Eva Neubert  Payee address; City: State; Zip Code  1023 Avenue B #1, San Antonio, TX 78215		(\$) 122.44
Purpose of payment (See instructions regarding type of information		
Reimbursement Office Expenses  ** Complete if direct Candidate / Officeholder name of the Candidate / Officeholder name of	ct expenditure to benefi ne Office soug	
Date Payee name		Amount
5/15/03 Alamo .Travel .Group		205.00
Purpose of normati/Cas instru		
Purpose of payment (See instructions regarding type of information required.)  Travel  Complete if direct Candidate / Officeholder name	t expenditure to benefit ne Office saugh	
Date Payee name		^
5/15/03 Alamo Travel Group  Payee address; City; State; Zip Code  9000 Wurzbach Road, San Antonio, TX 78249		Amount (\$) 690.50
,Purpose of payment (See instructions regarding type of information required.)	expenditure to benefit ( e Office sought	

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Texas Etnics	Austin, lex	as 78711-26th OF SAN	ANTON12 463-5	800 1-800-325-8
POLI	TICAL EXPENDITURES	Strik Vi	CAN	SCHEDULE F
		2003 JUL 15	PM 2: 52	
The Instruc	стіом Guide explains how to complete this form.		1 Total pages Sche	dule F:
2 FILER NA	ME EDWARD GARZA		23 3 ACCOUNT # (EIN	ics Commission filers)
4 Date	5 Payee name			
5/19/03	. Money Mailer			Amount (\$) 376.75
	255 Claywell Dr #1, San Antoni	o, TX 78209		
required.)	payment (See instructions regarding type of information	9 Complete if dir Candidate / Officeholder n	rect expenditure to ben name Office so	
111111111111111111111111111111111111111	and Reproduction			
Date	Payee name			Amount
5/19/03	C. P. S City: State; Zip Code P O Box 2678, San Antonio, TX			13.93
Purpose of pa	ayment (See instructions regarding type of information	•• Complete if dire	ect expenditure to bene	fit C/OH
Utilities	;	Candidate / Officeholder na	ame Office so	
Date	Payee name			Amount
5/21/03	.Crescent .Court			(\$) 448.50
	400 Crescent Ct, Dallas, TX			
Purpose of pa required.) Travel	yment (See instructions regarding type of information	•• Complete if direct Candidate / Officeholder name	ct expenditure to benef me Office sout	
Date	Payee name			Amount
5/24/03	Esmerelda Rodriguez			(\$) 114.00
	15651 Chase Hill Blvd #508, San	Antonio, TX 7825	6	
Purpose of pay required.) alary	/ment (See instructions regarding type of information	·• Complete if direc Candidate / Officeholder nam	ct expenditure to benefi ne Office soug	
<u> </u>	ATTACH ADDITIONAL COPIE:	S OF THIS FORM AS NEE	EDED	

	POLITI	CAL EXPENDITURES	2002 HH 15 DV		SCHEDULE F
F			/ 2003 JUL 15 PM	2:52	
		ON GUIDE explains how to complete this form.		1 Total pages S	chedule F:
L	FILER NAM	EDWARD GARZA			(Ethics Commission filers)
4	Date 5/24/03	5 Payee name  Esmerelda Rodriguez  6 Payee address: City: State: Zip Cod  15651 Chase Hill Blvd #508, S	e San Antonio, TX 7	8256	Amount (\$) 15.07
8	Reimburs	ment (See instructions regarding type of information ement Office Supplies	9 •• Complete if dir Candidate / Officeholder na	ect expenditure to t arne Offic	benefit C/OH ce sought Office held
	Date 5/24/03	Payee name  Time Warner Cable  Payee address: City: State: Zip Code P O Box 850734, Dallas, TX 7	5265		Amount (\$) 269.65
	Purpose of payr required.) Utilities	nent (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		enefit C/OH •• sought Office held
	Date 5/24/03 .	Payee name  SBC  Payee address; City; State; Zip Code  P O Box 4844, Houston, TX 770	097		Amount (\$) 46.96
r	Purpose of paymeduired.) Telephone	ent (See instructions regarding type of information	•• Complete if direction of the complete in		nefit C/OH sought Office held
	Date 5/27/03 .	Payee name  Hilton Hotel  Payee address; City; State; Zip Code Las Vegas, Nevada			Amount (\$) \$767.64
re	urpose of payme equired.) Travel	ent (See instructions regarding type of information  ATTACH ADDITIONAL COPIES	" Complete if direct Candidate / Officeholder nam	e Office s	
			· · · · · · · · · · · · · · · · · · ·		

#### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2061 Y OF SAN ANTOHIO63-5800 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F 2003 JUL 15 PM 2: 52 The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) EDWARD GARZA Date 5 Payee name Amount (\$) 5/28/03 .Omni Mandalay .Hotel ..... 211.49 6 Payee address; City; State; Zip Code Irving, Texas Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office held Travel Date Payee name Amount (\$) 5/28/03 .Pete .Cortez. 150.00 Payee address; City; State; Zip Code 218 Produce, San Antonio, TX 78207 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office held Reimbursement Date Payee name Amount (\$) 5/28/03 .Our Saviour Lutheran School . 100.00 City; State: Zip Code 11503 Vance Jackson, San Antonio, TX 78230 Purpose of payment (See instructions regarding type of information -- Complete if direct expenditure to benefit C/OH --Candidate / Officeholder name Office sought Office held Charity/D. Krueger Memorial Date Payee name Amount 5/29/93 Esmerelda Rodriguez 120.00 Payee address: City; State; Zip Code 15651 Chase Hill Blvd #508, San Antonio, TX 78258 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office held Salary

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Texas Etnics Co	Adstin, lexa	as 78711-2070 YUF SAN	AN (672) 463-58	00 1-800-325-85
POLITI	CAL EXPENDITURES	i kity ¥ 1 way		SCHEDULE F
		2003 JUL 15		
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Sched	lule F:
2 FILER NAM			23	
	EDWARD GARZA		3 ACCOUNT # (Ethic	≾ Commission filers)
4 Date	5 Payee name		7	Amount
5/29/03	. Eva Neubert			(\$) 1,000.00
	1023 Avenue B #1, San Antonio	o, TX 78215		
8 Purpose of pay required.) Salary	rment (See instructions regarding type of information	9 •• Complete if dir Candidate / Officeholder na	ect expenditure to bene ame Office sou	
Date	Payee name			
6/2/03	Our Lady of the Lake Univeris			Amount (\$) 50.00
	411 SW 24th Street, San Antor			
Purpose of payr required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	ect expenditure to benefi ume Office soug	
Charity/	Donation Campus Activities			
Date	Payee name			Amount
6/2/03	Payee address; City: State; Zip Code 835 W Woodlawn, San Antonio,	TX 78212		(\$) 500.00
	·	111 /0212		
Purpose of payn required.)	nent (See instructions regarding type of information	· Complete if direct	ct expenditure to benefit	С/ОН
Consulti	ng	Candidate / Officeholder nar	me Office sough	
Date	Payee name			Amount
6/2/03 .	Monarch Trophy Studio Payee address; City; State; Zip Code 2121 NW Military Hwy, San Anto	onio, TX 78213		(\$) 100.44
Purpose of paym required.) Office Si	nent (See instructions regarding type of information	•• Complete if direc Candidate / Officeholder nam	ot expenditure to benefit ne Office sough	

### **POLITICAL EXPENDITURES**

		0111	Winday IVII	SCHEDULE F
The		2093 JUL I	5 PM 2: 52	
I TE INSTRUCT	ION GUIDE explains how to complete this form.		1 Total pages Scho	edule F:
2 FILER NAM	ME EDWARD GARZA		3 ACCOUNT # (Et	hics Commission filers)
4 Date 6/5/03	5 Payee name Steven Schauer		7	Amount (\$)
	6 Payee address; City; State; Zip Code			200.64
	P 0 Box 839966, San Antonio,	TX 78283		
8 Purpose of par required.)	yment (See instructions regarding type of information	9 Complete if dir	ect expenditure to ber	
Reimburg	sement Office Supplies		Child's	ought Office held
Date	Payee name			Amount
6/6/03	Esmerelda Rodriguez Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		(\$) 126.00
	15651 Chase Hill Blvd #508, S	an Antonio, TX 7	8256	
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dire	ct expenditure to ben	
Salary		Candidate / Officeholder na	me Office so	ought Office held .
Date 6/6/03	Payeename Esmerelda Rodriguez			Amount (\$)
	Payee address; City; State; Zip Code			
	15651 Chase Hill Blvd., San A	ntonio, TX 78256		20.98
Purpose of payr required.)	ment (See instructions regarding type of information	<ul> <li>Complete if direct</li> <li>Candidate / Officeholder nar</li> </ul>	ct expenditure to bene	
Reimburs	ement Office Supplies			
Date	Payee name		,	Amount
6/9/03	Melissa Havnda			(\$) 85.07
	9055 Foxgrove Way, San Antonio	o, TX 78251		
Purpose of payn required.)	nent (See instructions regarding type of information	•• Complete if direc Candidate / Officeholder nam	t expenditure to benef ne Office sou	
Reimburse	ement Office Supplies			
<del></del>	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	DED	

#### Austin, Texas 78711-2070 Texas Ethics Commission P.O. Box 12070 A KATISI HA3-5800 1-800-325-8506 POLITICAL EXPENDITURES CITY CLERK SCHEDULE F 2003 JUL 15 PM 2: 52 The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 23 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) EDWARD GARZA Date 5 Payee name Amount (\$) 6/9/03 . Frost Bank 4.00 6 Payee address; City; State; Zip Code P 0 Box 1600, San Antonio, TX 78296 8 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office sought Office held Service Charge Payee name Amount £9/03 (\$) Cavender Properties 1,500.00 Payee address; City; State; Zip Code 215 W Travis, San Antonio, TX Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office held Rent Date Payee name Amount 7/9/03 Cingular Wireless (\$) 190.34 Payee address: City; State; Zip Code P 0 Box 659574, Dallas, TX 75265 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office held Telephone Date Payee name Amount 6/9/03 (\$) Sprint PCS 274.68 Payee address; City; State; Zip Code P 0 Box 219554, Kansas City, MO 64121 Purpose of payment (See instructions regarding type of information - Complete if direct expenditure to benefit C/OH -required.) Candidate / Officeholder name Office sought Office held Telephone ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLIT	ICAL EXPENDITURES	CITY CLERK	10	SCHEDULE F
		2003 JUI 15 PM 2: 5	<u>:</u>	
The Instructi	ion Guide explains how to complete this form.		1 Total pages Sche	edule F:
2 FILER NAM	EDWARD GARZA		23 3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Payee name		7	Amount (\$)
6/9/03	Suchy's Flowers	e		84.68
8 Purpose of parequired.) Flowers	yment (See instructions regarding type of information	9 Complete if dire Candidate / Officeholder na	ect expenditure to ber ame Office s	
Date	Payee name			Amount
6/9/03	Quintana For Senate Payee address; City; State; Zip Code	)		250.00
	P 0 Box 827, Newark, NJ 0710	01		
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if dire	ct expenditure to bene	
Campaign	Contribution	Candidate / Officeholder name Luis Quintana		ught office held te City Council
Date	Payee name			Amount
6/9/03	C .P. S		• • • • •	249.73
	P O Box 2678, San Antonio, TX	78289		
Purpose of payr required.) Utilities	ment (See instructions regarding type of information	•• Complete if direc Candidate / Officeholder nan	et expenditure to bene ne Office sou	
Date	Payee name		,	Amount
6/9/03	P 0 Box 2678, San Antonio, TX	78289		(\$)
Purpose of payn required.)	nent (See instructions regarding type of information	•• Complete if direct	t expenditure to benefie Office sou	
Utilities				
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEE	DED	

POLITI	CAL EXPENDITURES	s 78711-2070 CITY	0 = 5 1418 1483-58	00 1-800-325-8
. 0.2.77	OVE EXILEMPITORE2	7900		SCHEDULE F
		2493 JU	L 15 PM 2:5	
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Sched	ule F:
2 FILER NAM	E EDWARD GARZA		3 ACCOUNT # (Ethic	s Commission filers)
4 Date	5 Payee name		7	Amount
6/9/03	Security One			(\$) 26.97
	P O Box 23289, San Antonio,	TX 78223		
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 Complete if dir. Candidate / Officeholder na	ect expenditure to bene ame Office sou	
Building	Security			
Date	Payee name			Amount
6/9/03	Plaza Club Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		(\$) 171.98
	2100 Frost Bank Tower, San Ar	ntonio, TX 78205		
Purpose of payr required.)	nent (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	ct expenditure to benefi	
Membersh	ip Fees/Dining			
Date	Payee name	1		Amount
6/11/03	Eva Neubert			(\$) 16.91
	1023 Avenue B #1, San Antonio	, TX 78215		
Purpose of payr	nent (See instructions regarding type of information	•• Complete if direc	ct expenditure to benefit	0/01
required.) Reimbruse	ement Office Supplies	Candidate / Officeholder nan	ne Office sough	
Date	Рауее лате			Amount
6/11/03	Cingular			(\$) 500.08
	D O Doy CEOFER D 33	5265		
Purpose of paym required.)	ent (See instructions regarding type of information	•• Complete if direct	t expenditure to benefit	С/ОН ••
Telephone		Candidate / Officeholder nam	ne Office sough	
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEF	EDED	

Austin, Texas 78 HI 200 SAN ANTONIO (512) 463-5800

1-800-325-8506

POLIT	ICAL EXPENDITURES	· <del>-</del>		SCHEDULE <b>F</b>
		2003 JUL 15 PM 2	2: 52	
The Instruct	רוסא Guide explains how to complete this form.		1 Total pages Sched	ıle F:
2 FILER NAM	ME EDWARD GARZA		23 3 ACCOUNT # (Ethic	s Commission filers)
4 Date	5 Payee name		7	
6/11/03	Postmaster  6 Payee address; City; State; Zip Coc			Amount (\$) 68.00
	2400 McCullough Avenue, San	Antonio, TX 7821	2	
8 Purpose of pa required.)	syment (See instructions regarding type of information	9 Complete if dir Candidate / Officeholder n	ect expenditure to benef ame Office sou	
Postage				
Date	Payee name			Amount
6/11/03	SAAHI Scholarship Fund Payee address: City: State: Zip Code P O Box 1576, San Antonio, I			(\$) 250.00
Purpose of pay	rment (See instructions regarding type of information	<del></del>		
required.) Donatio		•• Complete if dire Candidate / Officeholder na	ect expenditure to benefi ime Office soug	
Date	Payee name			Amount
6/11/03	SA Mustangs/AAU Baskethall . Payee address: City: State: Zip Code 2018 Bruni Street San Antonio, TX 78224			300.00
Purpose of pay	ment (See instructions regarding type of information	re Complete if direct	ct expenditure to benefit	0.01
required.) Sponsor	Team AAU Trip	Candidate / Officeholder nar	ne Office sough	
Date	Payee name		,	Amount
6/11/03	Jefferson Area Community Out	reach		( <b>\$)</b> 50 <b>.</b> 00
	Payee address; City: State: Zip Code 201 Meredity Drive, San Anto:	nio, TX 78228		
Purpose of payn required.)	nent (See instructions regarding type of information	Complete if direc Candidate / Officeholder nam	t expenditure to benefit (	4
Donation	n Senior Program	Candidate / Onicenoider nam	e Office sought	Office held
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NEE	DED	
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skas Etnics Ci	Austin, lega	SCELNESDAO	(512)	463-580	00 1-800-325-8
POLIT	ICAL EXPENDITURES CITY OF	F SAN ANTONIO TY CLERK		\$	SCHEDULE F
	7007 111	15 PH 2:52			
	ТОМ GUIDE explains how to complete this form.	. 10 117	1 Total pag	es Schedi 23	ile F:
FILER NAM	ME EDWARD GARZA		3 ACCOUN	IT# (Ethics	Commission filers)
Date	5 Payee name			7	Amount
6/23/03	3 Cavender Properties 6 Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·			(\$) 1,500.00
	215 W Travis, San Antonio, T	X 78205			
Purpose of pa required.) Rent	ayment (See instructions regarding type of information	9 Complete if Candidate / Officeholde	direct expenditure	e to benefi Office sou	
Date	Payee name				
	3. Cavender Properties Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •			Amount (\$) 1,500.00
	1			,	
	215 W Travis, San Antonio, T	X 78205			
Purpose of pay required.)  Rent	215 W Travis, San Antonio, T		direct expenditure - name	to benefit Office soug	
Rent	yment (See instructions regarding type of information	•• Complete if	direct expenditure name		
Rent Date	yment (See instructions regarding type of information  Payee name	•• Complete if	direct expenditure · name		nt Office held
Rent	yment (See instructions regarding type of information  Payee name	•• Complete if	direct expenditure name		nt Office heid
Rent Date	yment (See instructions regarding type of information  Payee name  G & M Company, LLC	•• Complete if of Candidate / Officeholder	name		nt Office held
Rent  Date  6/24/03	yment (See instructions regarding type of information  Payee name  G & M Company, LLC  Payee address; City; State; Zip Code	Complete if Candidate / Officeholder	I 2	Office soug	Amount 3\$,200.00
Rent  Date 6/24/03	yment (See instructions regarding type of information  Payee name  G & M Company, LLC  Payee address; City: State; Zip Code  729 E Woodlawn Avenue, San A	Complete if Candidate / Officeholder	I 2	Office soug	Amount 3\$,200.00
Rent  Date  6/24/03  Purpose of payling required.)	yment (See instructions regarding type of information  Payee name  G & M Company, LLC  Payee address; City: State; Zip Code  729 E Woodlawn Avenue, San A	Complete if Candidate / Officeholder	I 2	Office soug	Amount  3 <sup>\$)</sup> ,200.00
Rent  Date 6/24/03  Purpose of payorequired.)  Consult	Payee name  G & M Company, LLC  Payee address: City: State: Zip Code  729 E Woodlawn Avenue, San A  ment (See instructions regarding type of information  ting  Payee name  Cingular Wireless.	Complete if Candidate / Officeholder	I 2	Office soug	Amount 3\$,200.00
Rent  Date 6/24/03  Purpose of paying required.)  Consult	Payee name  G & M Company, LLC  Payee address: City: State: Zip Code  729 E Woodlawn Avenue, San A  ment (See instructions regarding type of information  ting  Payee name  Cingular Wireless.	Complete if Candidate / Officeholder	I 2	Office soug	Amount  \$\frac{3}{2}00.00  C/OH  Amount  Amount  (\$)
Rent  Date 6/24/03  Purpose of payrequired.)  Consult  Date 6/24/03	priment (See instructions regarding type of information  Payee name  G & M Company, LLC  Payee address: City: State; Zip Code  729 E Woodlawn Avenue, San A  rment (See instructions regarding type of information  ting  Payee name  Payee name  Cingular Wineless.  Payee address; City: State; Zip Code	"Complete if Candidate / Officeholder  "Complete if d Candidate / Officeholder	lirect expenditure in ame	office sough	Amount (\$)  Amount (\$)  Amount (\$)  350.00

POLIT	ICAL EXPENDITURES	CITY CLERK	•	SCHEDULE F
	2003 .	JUL 15 PM 2:52		
The Instruct	TON GUIDE explains how to complete this form.		1 Total pages Schedu	ile F:
2 FILER NAM	ME EDWARD GARZA		23 3 ACCOUNT # (Ethica	Commission filers)
4 Date	5 Payee name		7	Amount
6/24/03	S · B· C · · · · · · · · · · · · · · · ·			( <b>\$</b> ) 46.96
	P 0 Box 4844, Houston, TX 770	97		
8 Purpose of parequired.) Telephone	yment (See instructions regarding type of information	9 Complete if die Candidate / Officeholder n	rect expenditure to benet name Office sou	
Date	Payee name			Amount
6/24/03	Time Warner Cable Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		(\$) 164.66
	P O Box 650734, Dallas, TX 75	265		
Purpose of pay	yment (See instructions regarding type of information	•• Complete if dire	ect expenditure to benefi	
Utilities		Candidate / Officeholder na	ame Office soug	ht Office held
Date	Payee name			Amount
6/24/03	San Antonio AFL_CIO			(\$) 135.00
	311 S St Mary's St #15E, San Ar	ntonio, TX 78205		
required.)	ment (See instructions regarding type of information ng/Directory	•• Complete if dire Candidate / Officeholder na	ct expenditure to benefit me Office sough	
Date	Рауее лате			Amount
6/26/03	Eya Neubert  Payee address; City; State; Zip Code  1023 Avenue B #1, San Antonio			1,000.00
Purpose of pays required.) Salary	ment (See instructions regarding type of information	·· Complete if direc Candidate / Officeholder nar	ct expenditure to benefit me Office sough	1
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NE	EDED	

POLITI	ICAL EXPENDITURES CITY	CLERK	SCHEDULE F	
2003 JUL 15 PM 2: 52				
The Instructi	ON GUIDE explains how to complete this form.		Total pages Schedule F:	
2 FILER NAM	EDWARD GARZA	3	ACCOUNT # (Ethics Commission filers)	
required.)	5 Payee name  Alamo Travel Group 6 Payee address: City: State: Zip Code 9000 Wurzbach, San Antonio,	TX 78250	Amount (\$) 361.50  expenditure to benefit C/OH ** Office sought Office held	
Travel				
<b>Date</b> 6/26/03	Payee name  Eva Neubert  Payee address; City; State; Zip Code  1023 Avenue B #1, San Anton	io, TX 78215	Amount (\$) \$10.00	
required.)	ment (See instructions regarding type of information nent/Office Supplies	•• Complete if direct e Candidate / Officeholder name	expenditure to benefit C/OH •• Office sought Office held	
<b>Date</b> 6/26/03	Payee name  Security One Payee address; City; State; Zip Code P O Box 23280 San Antonio, TX 78223		Amount (\$) \$26.97	
Purpose of payi required.)	ment (See instructions regarding type of information	Complete if direct ex Candidate / Officeholder name	xpenditure to benefit C/OH •• Office sought Office held	
Date	Payee name  Payee address; City; State; Zip Code		Amount (\$)	
Purpose of payr required.)	nent (See instructions regarding type of information  ATTACH ADDITIONAL COPIES	Candidate / Officeholder name	penditure to benefit C/OH Office sought Office held	